

**Georgia Department of Human Resources**  
**SUPPORTING BUDGET SCHEDULE: NON-PARTICIPATING EXPENSES**  
 for the Fiscal Year July 1, 20 \_\_\_\_ through June 30, 20 \_\_\_\_

<b>Division # 030</b>		<b>Program #</b>	
<b>Local Agency #</b>	<b>Local Agency Name</b>	<b>Program Name</b>	<b>Budget Revision #</b>
<b>Expense Category</b>	<b>Description</b>		<b>Position # (if applicable)</b>
<b>Total</b>		<b>Annual Amount</b>	

I certify that the information on this schedule is a complete and accurate detail of Non-Participating Expenses.

**DHR:**    ☐ Approval  
              ☐ Approval w/Exception  
              ☐ Disapproval

Board Chairperson or Executive Director

Signature

Date